



DEPARTMENT OF THE AIR FORCE 31ST FIGHTER WING (USAFE)

MEMORANDUM FOR SPONSORS OF DoDDS' STUDENTS

FROM: 31 MSG/SLO

SUBJECT: DoD Student Meal Program 2014-2015 School Year

1. Applications for the Free and Reduced lunch program for SY 14-15 are now being accepted. (*Sponsors will receive approval notification beginning July 2014.*)
2. Please complete the attached application per the instructions.
Incomplete applications will not be processed and will delay the approval process.
 - Only ONE application is required per household, all dependents in Sure Start – 12th grades should be listed on a single application.
 - *Please include a current phone number, primary e-mail address, and alternate e-mail address to expedite the notification process.*
 - For students with special dietary needs, a waiver of basic meal requirements shall be supported by a statement from a medical authority. Please contact the AAFES Cafeteria Manager for more information.
3. After completing the application, please PRINT the document and drop off the application in the blue box at the school(s) office(s). Aviano School Complex *Summer Office Hours are from 0900-1500 Monday – Friday.* You can also find the application online at <http://www.aviano.af.mil/units/school liaison officer/index.asp> listed as the USAFE Form 400.

Emailed applications must be signed and scanned to the Aviano.SLO@us.af.mil email!

4. Once your application has been approved, a qualifying letter will be sent to the BX cashier's cage and **the sponsor will be notified of their status via e-mail beginning July 2014.**
5. If you have any questions about the lunch application process or program, please do not hesitate to contact me at Aviano.SLO@aviano.af.mil or 632-5261. If you have questions about lunch prices, nutrition/dietary information, or your lunch account please contact Mr. Gabe Curtis, Cafeteria Manager, at ItalyConsAvianoSMP@aafes.com.

Please note: Regardless of your status in the Free and Reduced Lunch Program from SY 2013-2014, each sponsor is required to complete a NEW application for SY 2014-2015.

Respectfully,
//Jill Krug//
School Liaison Officer
31 MSG/SLO

Helpful Hints:

Failure to do the following may delay the application process

1. Please Print or Type the required information on the application
2. Please ensure you have initialed each statement in Section III (#15-19) and provide your signature as requested in #20
3. Please specify your child's name, age, grade, school on the application
4. Please include an alternate e-mail address or phone number
5. Please PRINT the application and drop it off at any of the school's offices to ensure your application is received. (On occasion network or computer issues prevent electronic receipt of scanned documents)

The new USDA guidelines as of 07/01/2014 are listed below. These can change at any time, for the most current information please check

<http://www.fns.usda.gov/cnd/governance/notices/iegs/iegs.htm>. If you are not sure please submit your application or call the School Liaison for more information.

Please note: other income to include in your monthly income calculation includes but is not limited to, special duty pay, support/alimony, retirement/pension, spouse income, etc.

Compare your monthly income and household size to the table to the right. For example, If your household size is three, (Single parent two children or Sponsor and spouse with one child) and your monthly income is below \$2,645, you qualify for free lunch. If your monthly income is above \$2,645 but below \$3,764 then you qualify for reduced lunch. If your monthly income is above \$3,764 then you do not qualify.	Household Size	Red/Month	Free/Month
	2	\$3,031	\$2,130
	3	\$3,815	\$2,681
	4	\$4,598	\$3,231
	5	\$5,381	\$3,781
	6	\$6,164	\$4,332
	7	\$6,947	\$4,882
	8	\$7,730	\$5,432
	Add'l family member	\$784	\$551

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to *USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

FAQs

1. **Do I need to fill out an application for each child?** No. Complete the application to apply for free or reduced price meals. Use one Free and Reduced Lunch Program Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. Foster children may qualify for the program regardless of the household's income. Please contact this office for more information.
2. **Who can get reduced price meals?** Your children can get low cost meals if your household income is within the reduced price limits on the Federal Income Chart, shown on this application.
3. **Will the information I give be checked?** Yes, we may ask you to send written proof.
4. **If I don't qualify now, may I apply later?** Yes. You may apply at any time during the school year if your household size goes up, income goes down, or if you start getting Food Stamps, TANF or other benefits. If you lose your job, your children may be able to get free or reduced price meals.
5. **What if I disagree with the School Liaison Officer's decision about my application?** Please contact the School Liaison Office for more information about possible hearing process
6. **May I apply if someone in my household is not a U.S. citizen?** Yes. You or your child(ren) do not have to be a U.S. citizen to qualify for free or reduced price meals.
7. **Who should I include as members of my household?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children who live with you.
8. **What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you get it only sometimes.
9. **Are there any military benefits NOT considered as income?** If you reside overseas, currently two military benefits are NOT considered as income: overseas housing allowance (OHA) and cost of living allowance (COLA). Also, combat pay during deployment is not counted as income.
10. **My child(ren)'s application was approved last year. Do I need to fill it out another one?** Yes. Your child(ren)'s application is only good for the year and for the first 30 days of the following school year.
11. **How will I know what is covered under the Free/Reduced lunch program?** A copy of the approval letter explaining what is covered under the free/reduced program will be sent to you via e-mail or standard mail.

APPLICATION FOR THE FREE AND REDUCED LUNCH PROGRAM

PRIVACY ACT STATEMENT

AUTHORITY: The National School Lunch Act (42 USC 1751) as amended by Public Law 91-248 (1970); DoD Directive 1015.5, DoD Student Meal Program, and USAF Instruction 36-401, Installation Commanders and School Liaison Officers. **PRINCIPLE PURPOSE:** To determine eligibility for free or reduced price meals under the National School Lunch Act and DoD Student Meal Program. **ROUTINE USE(S):** This form will be used solely for the principal purpose(s) described above. **DISCLOSURE:** The disclosure of the Social Security Number is voluntary. However it is required under the provision of the National School Lunch Act before your child may receive free or reduced lunch meals.

Before completing this form please read instruction on reverse

DO NOT FILL OUT THIS PART (FOR OFFICIAL USE)

TOTAL INCOME	Per <input type="checkbox"/> Week, <input type="checkbox"/> Every 2 Weeks, <input type="checkbox"/> Twice A Month, <input type="checkbox"/> Month, <input type="checkbox"/> Year	HOUSEHOLD SIZE
SCHOOL YEAR	PROCESSED BY _____ DATE _____	ELIGIBILITY CATEGORY: <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied REASON DENIED _____

I. FAMILY INFORMATION

1. SPONSOR'S NAME (Last, First, Middle Initial)	2. SPONSOR'S LAST FOUR SSN ****-**-****	3. RANK	4. ORGANIZATION
5. DUTY PHONE	6. PSC or CMR	7. BOX	8. APO AE
9. HOME PHONE			
10. DEROS	11. E-MAIL ADDRESS (Work)		12. E-MAIL ADDRESS (Home)

13. TOTAL HOUSEHOLD MEMBERS

Names of all household members (Last, First, Middle Initial)	Name of school for each child / or indicate "NA" if child is not in school	GRADE	AGE	CHECK IF NO INCOME
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

II. HOUSEHOLD TOTAL GROSS MONTHLY INCOME (BEFORE TAXES)

Note: Only the portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. Do NOT include Overseas Housing Allowance, Cost of Living Allowance, or Combat Pay as income.

14. NAME (List only household members with income)	GROSS INCOME AND HOW OFTEN IT WAS RECEIVED				
	Earnings From Work before deductions BASE PAY + BAS <i>Include special duty pay</i>	Welfare, child support, alimony	Pensions, retirement, Social Security, SSI, VA benefits	All Other Income	Income retained by deployed household member downrange
(Example) Jane Smith	\$199.99/weekly	\$149.99/bi-monthly	\$99.99/monthly	\$50.00/monthly	\$ N/A / _____
	_	_	_	_	_
	_	_	_	_	_
	_	_	_	_	_

III. CERTIFICATION STATEMENT (Read and initial each statement and sign below)

a. STATEMENT	b. INITIAL
15. This application is made in connection with the receipt of federal funds. Deliberate misrepresentation of information may subject the applicant to prosecution under applicable Federal Statutes (UCMJ) or other regulations.	
16. Meals covered in the free/reduced lunch program are for one (1) USDA approved tray lunch per day (excludes lunch plus and double lunch)	
17. A la carte food items are not covered under the free/reduced lunch program and will incur a charge to the student's account at the posted price.	
18. I understand that eligibility is only valid for the current school year and that another application must be submitted to determine eligibility for each new School Year.	
19. I certify that all of the above information is true and correct to the best of my knowledge.	
20. SIGNATURE OF SPONSOR/HEAD OF HOUSEHOLD	21. DATE (YYYYMMDD)

INSTRUCTIONS

To enroll in the Free or Reduced Student Meal Program, please complete the application on front and submit it to your installation School Liaison Office.

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the sponsor. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the sponsor does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and if available breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Part I: Provide All Information Requested

Complete sections 1-13 and ensure you provide only the last four digits of the sponsors SSN. List all household members in section 13 to include the name of school for each child. For any person, including children, with no income, you must check the "No Income"

Part II: Follow These Instructions to Report Total Household Income From This Month or Last Month.

Complete section 14. For each household member, list each type of income received for the month. You must list how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions.

Include

- Base Pay
- Basic Allowance for Subsistence
- Support/Alimony
- Retirement/Pension
- Special Duty Pay
- Spouse Income *(for irregular employment (i.e. babysitting, substitute teaching, seasonal or temp hire) provide average monthly income.)*
- Other Income *(net rental income, annuities, net royalties, interest, income from estates, trusts, and/or investments, regular contributions from persons not living in the household)*

Do NOT include Overseas Housing Allowance, Cost of Living Allowance, or Combat Pay in calculation

Part III: Read, Initial and Sign Certification Statement

Complete sections 15-20. Read and initial 15-19, sign at block 20. Your signature on the application certifies that all of the information provided on the application is true and correct to the best of your knowledge. If fraudulent information is provided, it may result in prosecution under UCMJ or Federal Law and dismissal from the program.

If you need more information please contact your installation School Liaison Officer at:
